

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-803)

Serial No.  
**588492**

FILING DATE  
**6-6-00**

Applicant(s)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2d AMENDMENT	
	NO.	OEP.	NO.	OEP.	NO.	OEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25	1					
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37	1					
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	44					
TOTAL OEP.	44					

	NO.	OEP.	NO.	OEP.	NO.	OEP.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL OEP.						

BEST AVAILABLE COPY